

UTILITY PATENT APPLICATION TRANSMITTAL <i>(only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No. ETH5101 First Inventor Parris Wellman Title Multitool Surgical Device Express Mail Label No. Ev138492259US
APPLICATION ELEMENTS		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
<p>See MPEP Chapter 600 concerning utility patent application contents.</p> <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(submit an original and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 23] <i>(Preferred arrangement set forth below)</i></p> <ul style="list-style-type: none"> - Descriptive Title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure <p>4. <input checked="" type="checkbox"/> Drawing(s)(35 USC 113) [Total Sheets 15]</p> <p>5. Oath or Declaration [Total Pages]</p> <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly unexecuted (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> <p>18. <input type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: , filed .</p> <p>Prior application information: Examiner Group Art Unit:</p> <p>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. <input type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper </p> <p>c. <input type="checkbox"/> Statement verifying identity of above copies</p> <p>ACCOMPANYING APPLICATION PARTS</p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i></p> <p>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></p> <p>16. <input type="checkbox"/> Request and Certifications under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other</p>
163311 U.S.P.T.O. 10/699063 10/31/03		
19. CORRESPONDENCE ADDRESS		
<input checked="" type="checkbox"/> Customer Number or Bar Code Label 000027777 or <input type="checkbox"/> Correspondence Address below		
Name: Philip S. Johnson, Esq. Address: Johnson & Johnson One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003 USA		
20. TELEPHONE CONTACT		
Please direct all telephone calls or telefaxes to Brian S. Tomko at:		
Telephone: (732) 524-1239 Fax: (732) 524-2808		
21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED		
NAME	Brian S. Tomko Reg. No. 41349	
SIGNATURE		
DATE	October 31, 2003	

FEE TRANSMITTAL		<i>Complete if Known</i>	
		Application Number	
		Filing Date	
		First Named Inventor	Parris Wellman
		Group Art Unit	
		Examiner Name	
		Attorney Docket Number	ETH5100

FEE CALCULATION

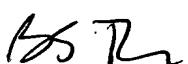
CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$750.00
TOTAL CLAIMS	25 - 20 =	5	x 18.00	\$ 90.00
INDEPENDENT CLAIMS	3 - 3 =	0	x 84.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$280.00	
			TOTAL FEES	\$ 840.00

METHOD OF PAYMENT

Please charge Deposit Account No. 10-0750/ETH5101/BST in the amount of \$840.00.
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The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/ETH5101/BST. Three copies of this sheet are enclosed.

SUBMITTED BY:		<i>Complete (if applicable)</i>	
Typed or Printed Name	Brian S. Tomko		Reg. No. 41,349
Signature		Date: October 31, 2003	Deposit Account No. 10-0750

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

Applicant: Wellman et al.

For : Multitool Surgical Device

Express Mail Certificate

"Express Mail" mailing number: EV138492259US

Date of Deposit: October 31, 2003

I hereby certify that this complete application, including specification pages, claims, drawings, and Information Disclosure Statement/Form 1449, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

A Combined Declaration and Power of Attorney will be submitted to the United States Patent and Trademark Office upon receipt of the U.S. Serial Number for this patent application.

Ceceile Solomon

(Typed or printed name of person mailing paper or fee)



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